STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:				
NAME OF PROVIDER OR SUPPLIER:			B. WING: 06/21/2023 STREET ADDRESS, CITY, STATE, ZIP CODE:						
LAUREL S	SURGICAL CENTER		348 DONOHO GREENSBUE)1				
STATE LICENS	E NUMBER: 17351501								
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETE DATE			
S 0000	INITIAL COMMENT			S 0000					
S 0015	This report is the result of an unannounced spect monitoring survey conducted on June 21, 2023. Laurel Surgical Center. It was determined that the facility was not in compliance with the requirer of the Pennsylvania Department of Health's Ruland Regulations for Ambulatory Care Facilities Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.			S 0015	TITLE:	(X6) DATE:			
LABORATORT	ORESTORS OR I ROVIDER/SUFFER	ER REI REGENTATIVE 5 SIGN	ATTOKL		THEE.	(AU) DATE:			
				_					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390219			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/21/2023			
NAME OF PROVIDER OR SUPPLIER: LAUREL SURGICAL CENTER STATE LICENSE NUMBER: 17351501			STREET ADDRESS, CITY, STATE, ZIP CODE: 348 DONOHOE ROAD GREENSBURG, PA 15601					
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 0015	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINITION MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION) Continued from page 1 51.4 (a) Change in Ownership/Management 51.4. Change in ownership; change in management. (a) A health care facility shall notify the Department writing at least 30 days prior to transfer involving 5% or more stock or equity of the health cafacility. This REGULATION is not met as evidenced by:		ent in	S 0015	On 6/26/23, the Chief Quality and Regulatory and Accredit Quality Analysts reviewed as revised the draft policy for Regulatory Notification Requirements to include all delements outlined in the Department's regulations at 2 Code Chapter 51. On 7/25/2 Chief Quality Officer will edfacility Leadership Team on policy at the Operations Gromeeting. This will be evidenthe line item on the agenda a roster of those in attendance. Additionally, the Chief Qual Officer will educate the Administrator of the Laurel Center on the policy during a one review during the week 7/24/23. A signed attestation will be used to depict that the review occurred. In an effor ensure compliance with the tand sixty day notifications, a outlined in the Division of A and Ambulatory Care Licens Facilities Notification Guida per the Department's regulation.	tation nd of the 28 Pa. 2023, the ducate the the new up nce by and . ity Surgical a one on of n form e policy t to thirty us acute sed nce and	Completion Date: 07/28/2023 Status: APPROVED Date: 07/03/2023	

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
390219			B. WING:		06/21/2023			
NAME OF PROVIDER OR SUPPLIER: LAUREL SURGICAL CENTER STATE LICENSE NUMBER: 17351501			STREET ADDRESS, CITY, STATE, ZIP CODE: 348 DONOHOE ROAD GREENSBURG, PA 15601					
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 0015	Continued from page 2			S 0015	28 Pa. Code Chapter 51, for months of August, September October, the Chief Quality Cwill audit any scheduled everequire notification to ensure the notifications have been nowithin the timeframes outling Chapter 51. 100% compliant expected. A report out of the findings will be shared at the November Patient Safety Coby the Chief Quality Officer designee. To ensure ongoing compliance, a tracking board been installed in the Chief Q Officer's office to monitor the of any event that requires notification. The tracking be includes the site, description event, and the date the notificate due and sent.	er, and Difficer ents that e that made eed in nce is e audit e mmittee or d has quality ne status oard of the		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:			
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NAME OF PROVIDER OR SUPPLIER: LAUREL SURGICAL CENTER STATE LICENSE NUMBER: 17351501			STREET ADDRESS, CITY, STATE, ZIP CODE: 348 DONOHOE ROAD GREENSBURG, PA 15601						
(X4) ID PREFIX TAG	MUST BE PRECEEDI		ID PREFIX TAG						
S 0015	Based on an interview with facility staff (En was determined that the facility failed to no Department in writing at least 30 days prior transfer involving 5% or more of the stock of the health care facility. Findings include: On June 20, 2023, at 5:04pm, EMP1 confirmonly policy regarding notification of change ownership is a draft and there is no official this time. On June 15, 2023, the Department became a that on January 1, 2023, there was a change ownership of this health care facility that be effective by the creation of a new great-grar company called EB Health Partners. Further investigation by the Department revealed the health care facility failed to notify the Department was EB Health Partners effective May 25, 2023, the name Independence Health System.		or equity med the e of policy at aware e in ecame ndparent er hat the artment 30 cher s filed for	S 0015					

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390219			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/21/2023		
NAME OF PROVIDER OR SUPPLIER: LAUREL SURGICAL CENTER STATE LICENSE NUMBER: 17351501			STREET ADDRESS, CITY, STATE, ZIP CODE: 348 DONOHOE ROAD GREENSBURG, PA 15601				
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S 0015	On June 20, 2023, at 5:04pm, EMP1 confirmed they were advised and sent the change of ownership documentation for the hospitals within the health system, which included mention of the ambulatory surgery facilities. Individual change of ownership documentation for this health facility was not submitted.		S 0015				

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Certified End Page

LAUREL SURGICAL CENTER

STATE LICENSE NUMBER: 17351501 SURVEY EXIT DATE: 06/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY